

FILE COPY

PATENT  
Docket No.: U5583.0000/P185-A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Richard Melker et al.

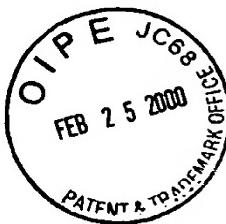
Serial No.: 09/457,709

Filed: December 10, 1999

For: HYBRID MICROPROCESSOR  
CONTROLLED VENTILATOR  
UNIT

Group Art Unit: 3761

Examiner: Not Yet Assigned



Assistant Commissioner for Patents  
Washington, D.C. 20231

TECHNOLOGY CENTER 3700

RECEIVED  
APR 14 2000

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Applicants hereby request that a corrected Filing Receipt be issued in the above-identified patent application. The official Filing Receipt received by applicants, a copy of which is attached hereto, contains several errors.

The fifth inventor's last name is misspelled as "EXILIANO" and instead should be spelled --EULIANO--;

The sixth inventor's name and residence, RONALD G. CAROVANO, GAINESVILLE, FL, is not reflected on the filing receipt.

Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

## FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/457,709	12/10/99	3761	\$1,432.00	U5583.0000/P185	16	53	4

DICKSTEIN SHAPIRO & MORIN LLP  
2101 L STREET N W  
WASHINGTON DC 20037

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) RICHARD J. MELKER, GAINESVILLE, FL; MICHAEL J. BANNER,  
GAINESVILLE, FL; SAMSUN LAMPOTANG, GAINESVILLE, FL;  
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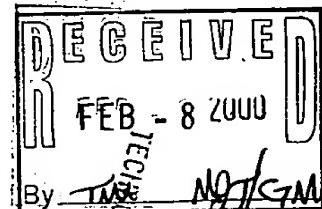
CONTINUING DATA AS CLAIMED BY APPLICANT—  
THIS APPLN IS A CON OF 08/516,478 08/17/95 PAT 6,000,396

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/21/00

TITLE

HYBRID MICROPROCESSOR CONTROLLED VENTILATOR UNIT

PRELIMINARY CLASS: 128



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By APR 14, 2000  
NOTICEM

DATA ENTRY BY: WARREN, EFREM TEAM: 01 DATE: 01/21/00



(See reverse for new important information)



Bib Data Sheet



UNITED STATES DEPARTMENT OF  
COMMERCE  
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Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

**FILE COPY**

SERIAL NUMBER 09/457,709	FILING DATE 12/10/1999 RULE _____	CLASS 128	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. U5583.0000/P
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 08/516,478 08/17/1995 PAT 6,000,396

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED \*\* 01/21/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	16	53	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

HYBRID MICROPROCESSOR CONTROLLED VENTILATOR UNIT

FILING FEE RECEIVED 1432	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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No.	Doccode	Number of pages
1	CTRS	5

Total number of pages: 5

Remarks:

Order of re-scan issued on .....